

ISSUE SLIP STAPLE AREA (for additional cross references)

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>gml</i>	<i>1531</i>	
O.I.P.E. CLASSIFIER		<i>20</i>	<i>10/12</i>
FORMALITY REVIEW	<i>gml</i>	<i>108231</i>	<i>10/22/99</i>

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim		Date	
Final	Original		
1	1	10/12/99	
2	2	10/12/99	
3	3	10/12/99	
4	4	10/12/99	
5	5	10/12/99	
6	6	10/12/99	
7	7	10/12/99	
8	8	10/12/99	
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Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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If more than 150 claims or 10 actions
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